

ments, public funds or the doctor and nurse when radios, automobiles and cosmetics cost the public infinitely more and are seemingly paid for with avidity?

With an apparent surplus of registered nurses in cities during dull seasons, further competition from an inferior grade or class of nurse or attendant will drive the registered nurse from the field if the attendant can be attracted from some other field of endeavor by anything less in the way of pay than the registered nurse receives now.

L. B. Rogers *—In my opinion, the solution of the problem presented does not lie in the substitution of less skilled persons to take care of the sick for a lower remuneration. Trained nurses are paid little enough and I doubt if women with less training would work for a lower wage. There are many people who will mortgage their future buying high-priced automobiles on time payments, but who would complain very strenuously when obliged to pay \$6 per day for a trained nurse.

I have no specific remedy to offer to cure the condition, but I believe it can be improved if doctors will encourage the following:

1. Group nursing by skilled trained nurses:

- (a) In hospitals
- (b) In private homes.

2. Accident and health insurance or hospital bonds in some form where the expenses of physicians and nurses can be anticipated and guaranteed for a definite monthly sum.

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A code of ethics embodying the principles of professional conduct to govern the profession of chemistry has been formulated and adopted by the American Institute of Chemists. This code of ethics merits public esteem and justifies confidence in the integrity of the chemist. The institute has established a standard of proficiency of such excellence as to insure competent and efficient service on the part of its members.—M. L. Crossley, Science.

Health and morals are not infrequently interdependent, notably in the case of venereal diseases; but the regulation of morals may well be left to spiritual advisers, those who are or should be responsible for the bringing up of the young in the home, to the schools, to public opinion and, when immoral acts constitute infringement of the penal laws, to the police authorities.—Matthias Nicoll, Jr., J. A. M. A.

Henry James compared mind and faith cures, and concluded that a mind cure requires no faith, while a faith cure requires no mind.—Federation Bulletin.

CLINICAL NOTES, CASE REPORTS AND NEW INSTRUMENTS

KYPHOSIS DORSALIS ADOLESCENTIUM

REPORT OF A CASE

By A. GOTTLIEB *

The rarity of this affection of the adolescent spine and the questionability of prognosis and treatment prompt me to report this case; especially so because of its improvement in a short time of three months under ultraviolet radiation and brace wearing.

I. B., a schoolboy of 16, with spinal deformity accompanied by fatigue but without pain. While previously in perfect health, the dorsal region of the spine began to curve about two years ago without any known cause. Corrective school gymnastics seems to have aggravated the deformity. Has had no previous orthopedic treatment.

Examination—Healthy-looking, muscular boy, well nourished and developed. No signs of rachitic rosary nor epiphyseal enlargements of deformities of the extremities. A round kyphoscoliosis is present in the mid-dorsal region which is fixed and cannot be obliterated by suspension. There is limitation of motion in this area without any limitation on the rest of the spine. No muscle spasm nor tenderness on pressure or percussion. A tentative diagnosis of vertebral epiphysitis was made and was substantiated later by further clinical, radiological, and laboratory findings.

The x-ray (Figures 1 and 2) revealed a slight double scoliosis and moderate kyphosis. The intervertebral spaces were diminished in width, were cloudy, mottled, and irregular. The outlines of the vertebral bodies were indistinct; the epiphysis enlarged, moth-eaten, and frayed.

To satisfy a worrying mother the boy was examined by Dr. K. Fishel, who determined clinically, by x-ray and tuberculin tests, that no primary tuberculous lung focus existed.

Notwithstanding a negative family and personal history of syphilis, the blood Wassermann was made and found negative.

Treatment—Patient was allowed to continue school work, but prohibited from participating in exercises and from doing weight-carrying. Was ordered to rest in the recumbent position several hours a day and to expose the body systematically to the sun and air. In addition to this he was exposed to incandescent light and to artificial ultraviolet rays every other day. For the protection of the spine and for a possible decrease of the deformity he was provided with a modified Taylor brace with pads to exert pressure upon the spinal prominence. After three months of this therapy the spinal deformity was visibly lessened, proved by tracings and by the doubling of the thickness of the pressure pads in the brace.

The x-ray showed at this time a definite restoration of form of the vertebral bodies; considerable deposit of

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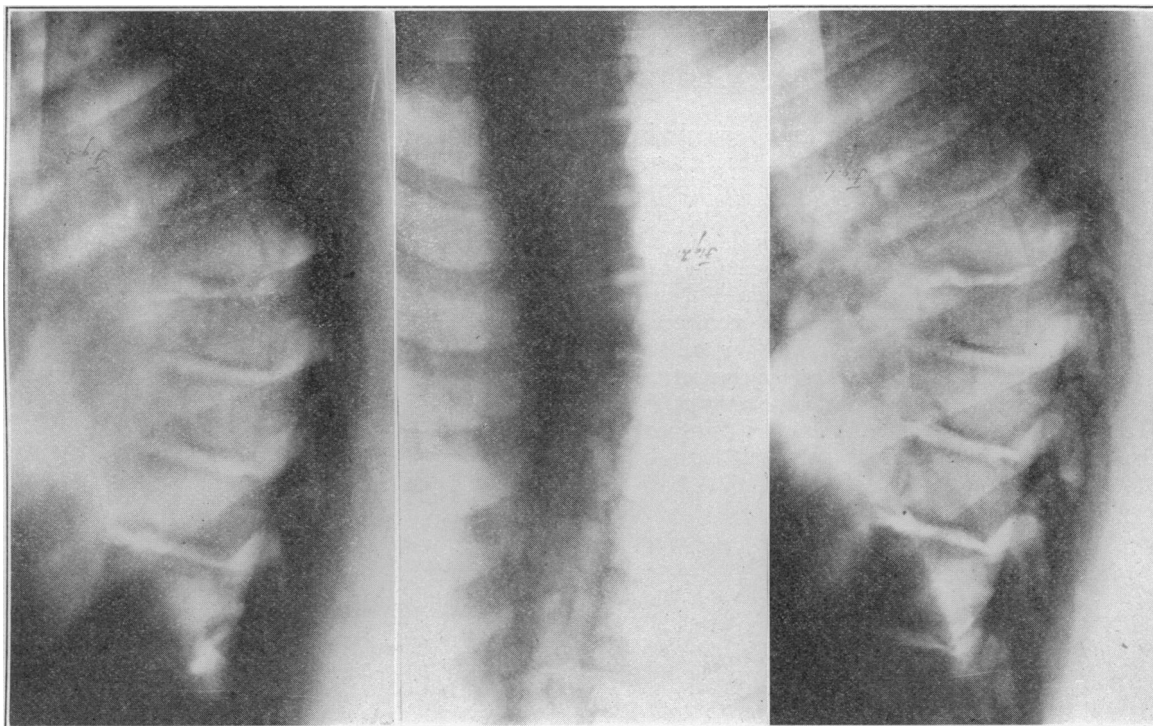


Figure 1—Moth-eaten and frayed appearance of anterior edges of vertebral bodies of seventh to tenth dorsal vertebrae.

Figure 2—Intervertebral spaces slightly wider, cloudy, irregular. Substance of bodies appear faded, atrophic.

Figure 3—Restitution of bone: better outline, less irregularity and fraying. Beginning hypertrophic changes on the edges.

bone and filling in of the area of rarification; the moth-eaten and frayed outlines had disappeared to a great extent, but spurlike changes were seen on the front edges of the epiphysis, as is found in cases of spondylitis deformans.

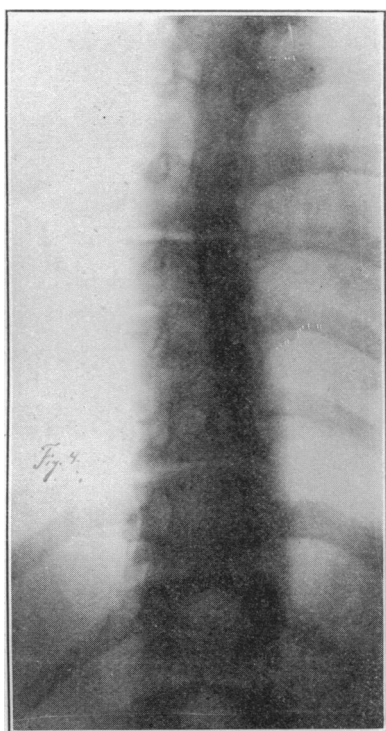


Figure 4—Contour of bodies more definite and clearer outline of the bone substance, as if atrophy is disappearing.

COMMENTS

1. This affection has been described under various names: *kyphosis dorsalis juvenilis*,¹ *kyphosis dorsalis adolescentium*,² *vertebral apiphysitis*,³ and has been classed among other weight-bearing deformities of the adolescent age.

2. It is the result of the preponderance of the functional demands upon the spinal column over its functional capacity. The diminution of this capacity affects the deformity in virtue of bone changes, the nature of which is still under dispute.

3. Treatment should strive to reduce the functional requirements upon the spine, i. e., weight-bearing to be limited, recumbency practiced and protection enforced, and should aim at the increase of functional ability of the spinal scoliotome by stimulating ossification; sun and ultraviolet exposures, etc.

4. Occurring in the ages between 10 and 20, within the period when manual labor is begun, the industrial surgeon should recognize this condition and guard functional overstrain, lest compensation claims may be forthcoming if the deformity develops in the course of employment.

1. H. Scheuerman: *Ztsch. f. orthop. Chir.*, 41:305, 1921.

2. C. Mau: *Ztsch. f. orthop. Chir.*, 46:145, 1924.

3. J. Buchman: *Jour. of bone and joint surg.*, 4:814 (October), 1925.

The health commissioner and the angler have much in common. One must use many kinds of bait to induce some people to accept health truths; sometimes the landing net of a strong compulsion is essential to accomplishment; there are few that rise to any lure that may be put out, and supreme patience always is necessary.—*Ohio Health News*.

The prolonged and permanent assumption of governmental functions by unofficial bodies, when and if the governing officials are financially and personally able to undertake them, is in my opinion a mistaken policy and one which inevitably must defeat the end sought.—*Matthias Nicoll, Jr., J. A. M. A.*